



## Healthier Communities Select Committee

### Report title:

### Developing Integrated Neighbourhood Teams in Lewisham

**Date:** 19 November 2024

**Key decision:** No

**Class:** Part 1

**Ward(s) affected:** All

**Contributors:**

Ceri Jacob, Lewisham Place Executive Lead, NHS South East London ICS

Denise Radley, Interim Executive Director, Adult Social Care & Health, Lewisham Council

### Outline and recommendations

Integrated Neighbourhood Teams (INTs) bring together multi-disciplinary professionals from different organisations across health, care, and the voluntary and community sector. The aim is to deliver more joined up preventative care at a neighbourhood level. This report outlines the approach and progress on developing Integrated Neighbourhood Teams in Lewisham.

Members of the Committee are asked to note and comment on the contents of the report.

## Timeline of engagement and decision-making

### **2023 -2024 - Neighbourhood Programme Development.**

A series of stakeholder engagement sessions, made up of interviews, surveys and workshops to establish the scope of the programme.

### **6<sup>th</sup> September 2023 – Healthier Communities Select Committee.**

Lewisham Health and Care Partners (LHCP) Local Care Plan 2023-2028. This report included references to Integrated Neighbourhood Working.

### **August 2023 - Neighbourhood Three Partnership Workshop.**

The workshop provided an opportunity for partners involved in the neighbourhood work to reflect on aspirations for integration and to identify priorities for working together using Population Health Data.

**September 2024 - Integrated Neighbourhood Marketplace** event held with stakeholders, the aim was to review the programme, share future goals, opportunities for effective stakeholder engagement and gather feedback to inform the development of Integrated Neighbourhood Teams (INTs).

### **October 2024 – Integrated Neighbourhood Team (INT) Design Group Workshop.**

Workshop with clinical, operational and VCSE stakeholders to review population health data on long term conditions.

**September/October 2024 - Lewisham Primary Care Leadership Forum.** Engagement with primary care leaders in Lewisham including Primary Care Networks (PCNs), the GP Federation and the Local Medical and Pharmaceutical Committees (LMC/LPC).

### **Planned November 2024 - INT codesign with wider stakeholders.**

This group will focus on designing specific interventions and points of delivery. It will include a wider membership including the Voluntary and Community Sector and patients with lived experience.

### **13<sup>th</sup> November 2024 - People’s Partnership**

Sharing the draft Communications and Engagement Plan with the partnership.

### **21st November 2024 - Lewisham Black VCS Network.**

To further develop the approach to coproduction on the INT model and community voluntary contracts.

### **November 2024 – Finalise Communications and Engagement Plan**

Developing a detailed communications and engagement plan. Attending the joint LHCP Communications and Engagement Meeting on 23<sup>rd</sup> November.

### **14<sup>th</sup> October to 15<sup>th</sup> July. Decision making at CEO meetings**

## 1. Summary

- 1.1. One of the major themes in health policy over the last 15 years has been the development of integrated care and a more place-based approach to how services are organised. The Fuller Stocktake in 2022 proposed the development of Integrated Neighbourhood Teams, now underway which is further supported in the Lord Darzi report 2024.
- 1.2. This report provides an update on the approach and progress in Lewisham.

## 2. Recommendations

- 2.1. Healthier Communities Select Committee are asked to note and comment on the content of the report.

## 3. Policy Context

- 3.1. This report aligns with Lewisham's Corporate Priorities, as set out in the Council's [Corporate Strategy \(2022-2026\)](#):
  - Cleaner and Greener
  - A Strong Local Economy
  - Quality Housing
  - Children and Young People
  - Safer Communities
  - Open Lewisham
  - Health and Wellbeing
- 3.2. Alignment to the new Health and Wellbeing Strategy.
- 3.3. NHS England's Patient and Public Participation Policy, sets out its ambition to put patients and the public at the heart of everything it does.
- 3.4. Neighbourhood Delivery supports the aims of the NHS Long Term Plan. Notably,
  - Bringing Together different professionals to co-ordinate better care.
  - Doing things differently, more control over health and care.
  - Preventing illness and tackling health inequalities.
  - Making better use of data and digital technology.

## 4. Background

- 4.1. Emergent National Policy focuses on shifting healthcare from hospitals to primary and community care, emphasising the use of technology, data, and preventive measures. The goal is to help people stay well, reduce health inequalities, and keep people employed by providing care closer to home.
- 4.2. The Darzi Report (Sept 2024) and Fuller Report (2022) outlines how preventive, integrated, and community-based care models will improve outcomes and reduce costs. These efforts include better chronic disease management, minimising unnecessary hospital admissions and using digital to streamline care. This will also reduce the demand for long-term care, improve urgent care and support the reduction in health inequalities.

## 5. Lewisham Integrated Neighbourhood Teams

- 5.1. Integrated Neighbourhood Teams (INTs) are multidisciplinary teams that deliver holistic, person-centred care, integrating services from health, social care, and the voluntary sector. (see Appendix A). This leads to:
  - Improved individual outcomes: Emphasis on prevention and tackling health inequalities, with early intervention and specialist advice when needed.
  - Improved care coordination: Reducing duplication, fragmentation, and multiple referrals, while offering a streamlined care pathway.
- 5.2. The Neighbourhood model will also improve access to primary care by bringing care closer to the community, utilising multi-disciplinary teams for holistic support

particularly for people with more complex needs.

- 5.3. A new integration model supports both primary and secondary and social care prevention of physical and mental illnesses. By working in partnership with voluntary, community, this model also aims to reduce health inequalities.

## **6. Proactive, Personalised Care**

- 6.1. The focus is on delivering proactive and personalised care for individuals with complex health and social care issues, particularly those with long-term illnesses, by managing their care and support effectively and reducing the need for hospital-based interventions and residential and nursing care.

## **7. Shift toward Population Health Management**

- 7.1. A shift is occurring towards a population health management model, emphasising prevention over cure. This approach helps to reduce health inequalities and targeted interventions more effectively. Lewisham has a joint Population Health Team which enables the system to target interventions to people who require support. *(An example of the Population Health approach can be seen in Appendix A.)*

## **8. New Model of Integration**

- 8.1. A new integration model supports both primary and secondary and social care prevention of physical and mental illnesses. By working in partnership with the voluntary and community sector this model also aims to reduce health inequalities.
- 8.2. Lewisham has pockets of significant deprivation. Despite recent developments, parts of the borough suffer from high unemployment, low income, and poor health outcomes.
- 8.3. Lewisham is ethnically diverse, and there are significant disparities in health outcomes among different ethnic groups. For example, the percentage of Black African and Black Caribbean people with Hypertension and diabetes is twice as high as for the white population in Lewisham.
- 8.4. Premature Mortality: The rate of premature deaths (before the age of 75) from conditions like heart disease, cancer, and respiratory diseases is higher in Lewisham compared to the London average. This is especially pronounced in more deprived areas.
- 8.5. Smoking rates are higher in more deprived areas, contributing to a range of health problems, including cancer and respiratory diseases. Similarly, alcohol-related harm is more common in these communities.
- 8.6. Mental health issues, including depression and anxiety, are more prevalent among residents facing socioeconomic hardships.
- 8.7. Taking a neighbourhood-based approach to care, focusing on prevention, and managing health and social care needs will help to improve health outcomes. The Chief Executive for Lewisham Council, Lewisham Hospital, Lewisham ICB and South London and Maudsley Trust have reviewed the proposed programme of work and agreed to accelerate considering the following principles:
  - Data-driven decision-making through the Population Health Team
  - Outcome-focused measures for individuals, not just organisations
  - Simplified access with single points of contact
  - Delivering seamless, integrated care for patients/residents
- 8.8. Lewisham's neighbourhood development also includes a pilot in Neighbourhood Two, testing a new community mental health service model that will inform broader care system improvements.

## **9. Community Support for Well-being**

- 9.1. Communities play a key role in supporting individuals to maintain their well-being, fostering local engagement to help people stay healthy within their own environments.
- 9.2. By engaging with communities directly, the Neighbourhood model builds trust and encourages residents to take an active role in managing their health. This is particularly important in reducing inequalities, as some disadvantaged groups feel disconnected from traditional healthcare services.
- 9.3. Involving residents in decision-making empowers them to advocate for their own needs, leading to more personalised care plans that are culturally appropriate and responsive to their specific circumstances.

## **10. Stakeholder Engagement**

- 10.1. The development of Integrated Neighbourhood Teams has been informed by a range of engagement activity undertaken in partnership with local communities and other stakeholders.
- 10.2. We will utilise the SEL Engagement Toolkit and other best practice where appropriate. We want to build on local learning, for example from the work of local VCSE partners, Health Equity Fellow Programme, and the Birmingham and Lewisham African and Caribbean Health Inequalities Report (BLACHIR).
- 10.3. In September we held the Integrated Neighbourhood Marketplace event to kick-start the refresh of the Integrated Neighbourhood Programme, the aim was to:
  - Review the current work that has taken place.
  - Provide an overview of our future goals.
  - Share opportunities for effective stakeholder engagement.
  - Gather feedback to inform the development of Integrated neighbourhood Teams.
- 10.4. Following the meeting we have reviewed the feedback from attendees and met with stakeholders to help plan our approach, with particular focus on Communications, Engagement and working in partnership.
- 10.5. Adult Social Care have been working with SCIE to develop a framework for co-production, this activity will inform and support the development of Integrated neighbourhood Teams.
- 10.6. We will continue to use our existing and established communication channels to provide regular progress updates on the programme.

## **11. Financial implications**

- 11.1. There are no specific financial implications in this report. However, the aim of the Neighbourhood Programme, by reducing unnecessary hospital attendances, outpatient referrals, hospital admissions, long term residential and nursing placements and care package is to be more cost effective.
- 11.2. The programme will include mapping and costing models of care alongside the proposed number of people to be supported and potential long-term savings by reducing hospital admissions and supporting people to better manage their health conditions.

## **12. Legal implications**

- 12.1. There are no specific legal implications of this report.

### 13. Risk implications

Risk	Mitigation
<p>The Neighbourhood model relies on data sharing and digital systems for coordinating care between multiple service providers.</p> <p>Issues with IT infrastructure, data interoperability</p>	<p>Robust programme planning, INT modelling. Learning lessons from early adopter sites.</p> <p>Working closely with partner IT/Digital Teams.</p>
<p>Implementing the Neighbourhood model requires a well-trained and adequately resourced workforce. If staff are not trained in integrated care models, multi-disciplinary work, or using new technologies, they may not be able to deliver the program as designed</p>	<p>Early understanding of workforce requirements and planning.</p> <p>Completion of Skills Audit</p> <p>Development of Workforce Engagement Strategy.</p>
<p>Failure to engage key stakeholders - such as healthcare providers, local authorities, community organisations, and residents early in the process could limit the buy-in needed for successful implementation</p>	<p>Development of Programme in collaboration. Ongoing engagement with stakeholders.</p> <p>Identifying opportunities for codesign and regular updates.</p>
<p>Healthcare staff, local councils, and other stakeholders may resist the shift from traditional models of care to the integrated, community-centred Neighbourhood approach. Resistance could stem from a lack of understanding, concerns over increased workload, or fear of change</p>	<p>System wide approach to developing Vision for INTs.</p> <p>Ongoing engagement with all stakeholders across the System.</p> <p>Develop early understanding of workforce requirements.</p> <p>Development of Workforce Engagement Strategy.</p>
<p>Insufficient funding for the project could stop the implementation or cause delays. The Neighbourhood model may require investment in infrastructure, staff training, technology, and community resources</p>	<p>Joint financial planning with system partners.</p> <p>Working across the system to identify resources including enablers.</p> <p>Developing a clear and proportionate ask in relation to capacity.</p>
<p>Inability to measure the impact of INTs</p>	<p>Build evaluation into the model.</p> <p>Developing a robust approach to impact analysis and methodology.</p>

### 14. Equalities implications

- 14.1. The Neighbourhood model explicitly aims to reduce disparities by focusing on those most at risk of poor health outcome in Lewisham This means targeting resources toward communities with higher rates of Long-Term Conditions working to remove systemic barriers to care.
- 14.2. A full Equalities Impact Assessment and Quality Impact Assessment is currently being undertaken.

## 15. Climate change and environmental implications

- 15.1. There are no significant climate change and environmental implications of this report.

## 16. Crime and disorder implications

- 16.1. There are no significant crime and disorder implications of this report.

## 17. Health and wellbeing implications

- 17.1. The Neighbourhood model can play a significant role in reducing health inequalities in Lewisham, particularly in managing long-term conditions (LTCs).
- 17.2. Health inequalities are often driven by wider social determinants such as income, housing, education, and access to resources. The Neighbourhood model integrates financial support, housing advice, into healthcare delivery, addressing these broader determinants that impact health outcomes.

## 18. Background papers

- 18.1. Lord Darzi Report 2024

<https://www.gov.uk/government/publications/independent-investigation-of-the-nhs-in-england/summary>

- 18.2. The Fuller Report 2022

<https://www.england.nhs.uk/wp-content/uploads/2022/05/next-steps-for-integrating-primary-care-fuller-stocktake-report.pdf>

## 19. Glossary

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Term	Definition
<b>BLACHIR</b>	Birmingham and Lewisham African and Caribbean Health Inequalities Review (BLACHIR)
<b>ICB</b>	Integrated Care Board
<b>ICP</b>	Integrated Care Partnership
<b>ICS</b>	Integrated Care Systems
<b>IMD</b>	Indices of Multiple Deprivation
<b>INT</b>	Integrated Neighbourhood Teams
<b>LHCP</b>	Lewisham Health Care Partnership
<b>PCN</b>	Primary Care Networks

## 20. Report author and contact

- 20.1. Laura Jenner, Director of System Development, NHS South East London and Lewisham ICS, Lewisham Adult Social Care [Laura.jenner@selondonics.nhs.uk](mailto:Laura.jenner@selondonics.nhs.uk)
- 20.2. Fiona Kirkman, System Development Lead, NHS South East London and Lewisham ICS. [Fiona.kirkman@lewisham.gov.uk](mailto:Fiona.kirkman@lewisham.gov.uk)

## 21. Appendices

- 21.1. Appendix A- Integrated Neighbourhood Teams, Overview (Slide Pack)